

The World's Greatest Science Protecting America

Type of Award (*select one*) ☐ SPOT ☐ LAAP

(LAAP Only) ☐ Team ☐ Individual ☐ Org ☐ Cross Org ☐ Lab & Beyond

(LAAP Only)

Award Nominee	Z Number	Series/Level	Division	Group	Proposed Award Amount

Note: For team nominations, please attach a listing of team members with each individual employee information (see attached supplement sheet).

(LAAP Only)

Nominator Name	Title	Group	Signature	Date

LAAP Awards

Cost Center	Program Code	Cost Account	Fin Account	Work Package	Amount
			6 C 089		
			6 C 089		

SPOT Awards

Cost Center	Program Code	Cost Account	Fin Account	Work Package
			6 C 094	
Vendor Name and Address				Amount
Reason/Justification				

Check each category as it relates to award: (LAAP Only)

☐ Safety ☐ Security ☐ Worklife ☐ Cost Savings ☐ Process Improvement ☐ Other: _____

Approved ☐ Disapproved ☐

LAAP – Nominating Division/Program Director Signature	Organization	Date
<i>Cross-Organizational Nominations only</i> LAAP – Home Division/Program Director Signature	Organization	Date
SPOT – Group Leader Signature	Organization	Date

Expenditure Approval Signature	Date
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Date of Presentation	Date Check Pick Up	Contact for Pick Up	Contact Phone
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Section 5: Justification to support nomination: Specific accomplishment being recognized and briefly explain how the achievement exceeds expectations or goals as previously defined.

Section 6: Breadth of Impact: Explain briefly how this achievement contributed to the fulfillment of Organizational, Cross-Organization, or Laboratory-wide goals/objectives in support of the category previously identified on page 1 of the nomination form.

Los Alamos Awards Program
(LAAP)/Spot Nomination Form
Supplemental Sheet

Team Name: _____

Total Team Members: _____

Funding

A. Organization	Cost Center	Program Code	Cost Account	Work Package
B. Organization	Cost Center	Program Code	Cost Account	Work Package

Name	Z Number	Group	Pay Series/Level	Award Amount
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